BINDING FOR RESERVED MARGIN

S. No. 1.

N.B.

stated EXACTLY. PHYSICIANS should state it. Exact statement of OCCUPATION is very RECORD A PERMANENT DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

St.;	Ward)
------	-------

Ilt death occorred in a hospital or institution, give its NAME Instead of street and nomber.]

²FULL	NAME	(Still	Bors)	Biss	rect

PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
Flucale Epld 5 SINGLE, MARRIEO, WIOOWEO, OR GIVORCEO (Write the word	(Monga) Day (Year)
6 DATE OF BIRTH Shelforn., Month) (Day	17 I HEREBY CERTIFY, That Fattended decessed from 191, 191, 191
TAGE	If LESS than and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	Janson & Rupture of
business, or establishment in which employed (or employer)	(Duration) yrs moss ds.
9 BIRTHPLACE (State or country) Misterlow 10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) Harry Died M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 24	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Anne Mathe 13 BIRTHPLACE OF MOTHER (State or country) Kout Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant)	Where was disease contracted, If not at piace of death? Former or usual residence.
16 Filed July 18, 1914 W. S. Hick	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
11100.00	Vale you I do that I

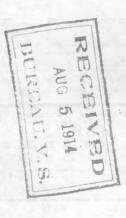
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



No. 1.

ż

WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. See Instructions on back of certificate. of information should be B.—Every Item CAUSE OF important.

PERMANENT RECORD

4

'PLACE OF DEATH

Village or Cityn Mellengton





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

(ma

Harrah & Brown

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensie Black Single, MARRIED, WIDOWED, Millowed ORDIVORCED (Write the word)	16 DATE OF DEATH July (Mouth) (Day (Year)
Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Jalend of Lungs Fuldenly (Duration) Jyrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Buration)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Informant) Exerting Q. Brown (Address) Millington Q. B. 16 Files UL 6-1014, Juliant Pourse	Former or usual residence. 19 place of Burial or Removal Chestewille 20 undertaker Address,
If more blanks are needed, address State Regist	ry, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

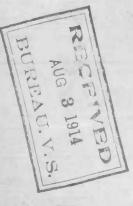
additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucesis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marusgenital," "Senile," etc.), "Dropsy," "Exbanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report thre of the American Medical Association.) canse of death approved by Committee on Nomencla "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MG 3



BINDING FOR RESERVED MARGIN

No.

80

ż

PERMANENT INK-THIS UNFADING WITH PLAINLY,

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. that it may be properly classified. AGE should be carefully supplied. certificate. 80 See instructions on back of item of information should be DEATH in plain terms, WRITE CAUSE OF Important. m

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

PLACE OF DEATH 6923	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
County	Registration Dist. No. 203
Village or City Kick Hall (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
*FULL NAME Still 1807	M Cann of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORONORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE If LESS than 1 day,brs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work.	Still Born,
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Deration)
10 NAME OF William Cann	(Signed) 7. 13. Durding-Registra,
State or country) Maryland Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Mary Tilgurian	TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death State Where was disease contracted, it not at place of death?

Former or

usual residence

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage. as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcasics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



PHYSICIANS should state of OCCUPATION is very statement PERMANENT classified. pinods properly AGE supplied. pe may certificate. that 0 back terms. plain Instructions Information 5 DEATH Every item mportant.

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number.] CERTIFICATE OF DEATH PARTICULARS PERSONAL AND STATISTICAL 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATIO (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs. Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of "Convulsions," "Debility" ("Condeath), 29 State cause for "Exhaustion,"



BINDING FOR RESERVED MARGIN

Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

PLACE OF DEATH 6925	STATE OF MARYLAND CERTIFICATE OF DEATH
County Coul	24/
Village or City Morgania (No. (No.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWED. (WIDOWED. (WITTE THE WORD))	16 DATE OF DEATH July / 1914 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h was allow on 1914,
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Performance (State or country) Maryland.	Contributory Ulcustom of the Coordary) (Duration) yrs L mos ds (Secondary) Ulcustom of the Coordary) (Secondary) yrs mos ds
11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the fideath yrs, mos, ds.
(Informant) foresche Cotton	Where was disease contracted, it not at place of death?————————————————————————————————————
Filed July 18, 1914 Hellegan Park If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 4, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulmine, etc. it should be used only when needed. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PURPURAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Never report Examples: For vio-



		uld state
	4D	UPATION
	RECO	PHYSICI t of OCC
	ANENT	XACTLY. statemen
	PERM	stated E.
	S IS A	lassified
	K-THIS	AGE she
	NG INI	ppiled. ay be pi
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WITH	uld be c rrms, so back of
	AINLY,	nation she in plain to uctions on
)	ITE PI	of inform DEATH
	WR	SE OF
V. B. No. 1.		S.—Ever CAU Impo
		z

B. No. 1.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Regist	ration	DIST.	110.,0
			F1.

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME Louis Cauper	Cross. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, ORDIVORCED	16 DATE OF DEATH 7 19 (Month) (Day) (Year)
Wall (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h in alive on 18 th 1914,
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH * Was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work	Heartfulnor
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs or mos ds.
State or country)	Contributory Extra Collision (Secondary) (Deration) yrs mos 5 ds
10 NAME OF Ollonso Cross	(Signed) Jo Clivall, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
of Mother Rose Word	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Stent Co lud	OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
(Informant) Charle Charles	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Kenngly ville, R.F. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DO, 191 H
Filed July 20, 1914 Pillam Parr REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Sequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age causing Death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. the nature of the business or industy; and therefore an been changed or given up on account of the DISEASE mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing ture of the American Medical Association. by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of The contributory (secondary or intercurrent tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: FOr VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914
BURMAU, V.S.

WRITE

state 49 should OCCUPATION PHYSICIANS PERMANENT classified. 4 INK-THIS properly supplied. be UNFADING may that WITH terms, n back should PLAINLY, plain Information ي I DEAT ō Item OF Every Ite B z

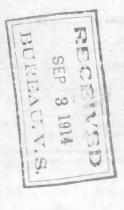
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County & Registration Dist. No. I'lf death occurred in St .:....Ward) (No..... a hospital or Institution. give its NAME Instead et street and number. 7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SFX 4 COLOR OR RACE MARRIEO, WIDDWED, ORDIVERCED (Write the word) Month I HEREBY CERTIFY. 6 DATE OF BIRTH 18-49 (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. 15 OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 10 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT GAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 2 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. 4 OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE OF MOTHER (State or country of death 4 5 yrs. State Where was disease contracted. See If not at place of death? usual residence mportant. DATE OF BURIAL (Address) 15 ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the . Never return "Laborer," Farmer or Planter, For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage, as "PUERPERAL scpticharcause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



PERMANENT INK UNFADING WITH PLAINLY

back

0

ATH in plain instructions o

DEATH

OF

Importsnt. Every It

50

WRITE

02

Very

PHYSICIANS should of OCCUPATION IS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.. Ilt death occurred la -Ward) a hospital or institution. give its NAME instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OF RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month.) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ---Contributor BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? Former or usua! residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia" unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malls-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of



BINDING FOR RESERVED MARGIN

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very PERMANENT UNFADING INK-THIS IS See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so Important.

N. B.

	6929	deat distributed
PLACE OF DEATH	1.1	1
County Rent	(13	
. 41	+	
Village or City Man Bully	Mury (No.	, .

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

St.; Ward)

Elf death occorred in a hospital or institution, give its NAME instead

	FULL NAME Paul Engers 1	of street and number	er.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 s	Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased for	()
6 0	(Month) (Day) (Year)	that I last saw, h.M. alive on J.M.L., 191	
7 A	GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at	".m,
(a	CCUPATION) Trade, profession, or rticular kind of work		-0000W
(b) bus	Genoral nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs. mos.	ds.
9 B	(RTHPLACE tate or country) Sent Co Ind	Contributory (Secondary) (Secondary) (Deration)	de
on 11 BIRTHPLACE		(Signed) W. S. Maywell, M. Jin G. 1914, (Address) Still Pond, W.	. D.
PARENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	NT IN-
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos	
	(Informant) ONE DOTTELL	Where was disease contracted, if not at place of death?————————————————————————————————————	
15	(Address) Betterlan Dud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	1/
	ed 7-19- 1914 William Pam. REGISTRAR	20 UNDERTAKER ADDRESS,	4
1	If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	-

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease mine, etc. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "Pureperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds. "Exhaustion," Examples: For vio-



See instructions on back of certificate.

CAUSE OF Important. S

N.B.

00

PERSONAL AND STATIS

Tate of DEATH VIllage or City Milage or City

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Leon 9	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That, I sttended deceased from
B DATE OF BIRTH March 7th, 1914 (Month) (Day) (Year)	fully 23, 1914, to July 30, 1914, that I last saw him alive on July 29 4, 1914
7 AGE ### ### ### ### ####################	and that death occurred on the date stated above, at 6 30 A m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Chaler Syfartum (Duration) yrs. mos. 14 ds.
9 BIRTHPLACE (State or country) There Co. Md. 10 NAME OF FATHER Mm Dorman	(Signed) (Ouration) yrs mos 2 ds. (Signed) Herbert Bales , M. D.
11 BIRTHPLACE OF FATHER OF MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE 14 January 15 BIRTHPLACE 17 JANUARY 18 JANUARY 1	State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence
(Address) Millington Md	19 PHACE OF BURIAL OR REMOVAL DATE OF BURIAL Millinghi 20 UNDERTAKER ADDRESS ADDRESS

blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Tuesperal scotichae mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of hand-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJUBY and qualify as Bronchopneumonia (secondary), 10 ds. Never repor nant neoplasms); Measles; Whooping cough; Chronu The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EUG O



V. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Rock Halfo. *FULL NAME Linguise Her	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203 [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNEEL WIDOWED MUNDORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 29, 1914, to July 29, 1914,
(Month) (Day) (Year)	that I jest saw has alive on July 2 9th, 1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
47 yrs ds. or ds.	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Focuse Kurfer particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Tacklinore	(Secondary) (Deration) A. vis. mos. ds.
10 NAME OF John Office 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME &	(Signed), M. D. , 191 (Address) Fife Hall *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Eva Shnead 13 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds.
(Interment) Muggie Conklin	Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL DATE OF BURIAL
(Address) 16 Filed 130 , 1914 18 Sunding Registrate	Stapen To Bellino a July 30, 1914 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL scpticharthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. oma. Surcoma. etc., of ______ (name origin; "Cancer" is iess definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NG 3



PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be CAUSE OF DEATH in plain terms, s

0 ż Important.

WRITE

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate.

A PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Vittage or City Millinghu (No,	St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White the word) 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month 3 1914 (Month Day (Year) 170 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (Youth) (Day (Year)	July 20 , 1914, to July 30 , 1914, that I last saw her alive on July 30 , 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	
which employed (or employer) **BIRTHPLACE* (State or country.) **Dellingfine**	Contributory Secondary (Doration) yrs mos ds.
10 NAME OF FATHER Arman M. Higman 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Ment Brie , M. D. July 3/3, 1914 (Address) Millington Ma
12 MAIDEN NAME Clizabeth Cox	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) It. Norman Arguan (Address) Millandin Ma.	Former or usual residence
16 JUL 30 1914 Julian Down Filed 1914 Julian Begistran	Suddersvill 5=1,1914 20 UNDERTAKER LANGE Something ADDRESS LANGE SOMETHING ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As-"Exhaustion," For VIO-



ú

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No.

St:Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH	Jul,	13	, 191/4
	(Month)	(Day)	(Yenr)
	CERTIFY, That I		
hat I last saw h all			
ind that death occurred o		above, at	, n
		••••••••••••••••••••••••••••••••••••••	
Still	Borns, G	Mos.	***************
Contributory Con	(Duration)		
(Secondary)			
(Signed)	(Duration)	yrsm	osd
July 13, 191 4 (A	ddress) Fac	leca y	ud.
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	USING DEATH, OF,	in death's from	WYOY MAYOR
16 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	E FOR HOSPITALS	INSTITUTIONS, 1	FRANSIENT
At place of death yrs mos.	In the	· wre	
Where was disease contracted,			ius, D
If not at place of death?	**************************************		************
usuai residence			
Sussofia.		PATE OF BL	H 191 5
20 UNDERTAKE		ADDRESS	,
Heene Three	1 18, 4	Ele Per	· 7/1

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Lahorer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICDAL, OF as probably mia," "Puerperal peritonitie," etc. State childhirth or miscarriage, as "Puerperal septichae-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," genitai," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of The nature of the death), 29 ds.; "Exhaustion," Examples: cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG.



S. No. 1.

se carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT INK-THIS UNFADING See instructions on back of certificate. should be Every item of information should be CAUSE OF DEATH in plain terms, WRITE important. N. B.

Villag

PLACE OF DEATH	6933
County Kent	*
Village or City MI (1)	Mahr (No



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 202
--------------	-------	---------

ADDRESS

St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME lostead of street and number I

* FULL NAME Wells and	Eller and Buddet.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE ACOLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORIVORCEO (Write the word) (Month) (Day) (Year) If LESS than 1 day,hrs. ORmin.?	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from the last saw him alive on the date attended above, at Property of the CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds: Where was disease contracted, If not at place of death? Former or usual residence
(Address) Worlow Wd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. childbirth or miscarriage, as "PURRPERAL septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras mere symptoms or terminal conditions, such as "Ar-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." which surgical operation was nndertaken. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Klut 6934	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
VIIIage or City Le Mester Foury (No. 1000) 2FULL NAME allie Ken	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Make Stingle, Married, Widower, Orbivorcep (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17) 1 hereby Certify. That I attended deceased from
March 16, 1914 (Month) (Day (Year))	that I last saw himselve on frede 7, 1914
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the sate atsted above, at
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cholera Infantine (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Klub County	Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary
10 NAME OF FATHER ALL COUNTY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)	1 d LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or
(Address) Chestertown	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, ,who are engaged in, the Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Schile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

T. S. No. 1.

County Start 6935	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Stell Pond Perfect	Registration Dist. No
* FULL NAME a Cab Ebenerer	Martin of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIGOWED, ORDIVORGED (Write the word)	(Month) (Day) (Year) WHEREBY CERTIFY. That Lattended deceased from
© DATE OF BIRTH (Month) (Day) (Year)	that I last saw h And alive on July 1 st. 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Desaffeen fund to puelose
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Kurk Co lud	Contributory (Secondary) (Deration) yrs mos ds
10 NAME OF GLORGE Warten	(Signed) J. J. Wirking, M. D.
ST AND	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Many Wilmer	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos, ds. State yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Wasten R F D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July H 1914 William Pary	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registra	r. 6 E. Franklin St. Balto Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For VIO-



UNFADING INK-THIS IS

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be it WRITE PLAINLY, WITH Important. V. S. No. 1.

1 PLACE OF DEATH

County.

6936

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No 202

I'll doubt accurred to

Full NAME Stine Mum	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
March Day (Year)	that-I last saw h LT alive on
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 - m, The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER (State of MOTHER of M	Contributory Cachilla (Duration) yrs 3 mos ds. (Signed) 914 (Address) wrs 3 mos ds. (Signed) 914 (Address) wrs 4 mos ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Chesterloun Md 16 Flied July 1914 Marie Marie Registran If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER 4 C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lumgs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaectc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report the head



OCCUPATION Is very PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT EXACTLY. 16 DATE OF DEATH SEX 5 SINOLE, 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH classified. (Month) (Day) pe TAGE If LESS than should 1 day hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, er INK particular kind of work. (b) General nature of lodustry. pe supplied business, or establishment to UNFADING may which employed (or employer) certificate. Contributory BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 80 ō pe terms, on back 11 BIRTHPLACE FNT OF FATHER pinoda uo ARI 12 MAIDEN NAME PLAINLY pisin OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER of Inform DEATH of death yrs. mos. ... Where was disease contracted. WRITE See If not at place of death? Former pr Item CAUSE OF Important. S usual residence Every It 15 20 UN DERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 205

fit death occurred in
a hospitat or lostitution,
give its NAME lostead
of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS to the State yrs, mos. DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scottcharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Weasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-



Exact statement PERMANENT stated EXACTLY. properly classified. pe should INK-THIS AGE carefully supplied. UNFADING that it may should be DEATH in plain terms. of information

certificate.

ō

See instructions on back

CAUSE OF Important.

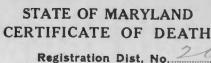
m ż

où

PHYSICIANS should state of OCCUPATION is very

RECORD

Village or City Millington (No.



St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME NUME	~~~~
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEwil Colored (Write the word) 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH July 25th, 1914 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw here alive on fully 24, 1914
7 AGE if LESS than 1 day,hrs. osds. osds.	and that death occurred on the date stated above, at /
e occupation (a) Trade, profession, or particular kind of work.	Serile Debility
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
State or country) Urginia	Contributory (Secondary) Chauston (Duration) yrs mos Z ds.
10 NAME OF FATHER HENRY Calmer 11 BIRTHPLACE OF FATHER (State or country) Unitarian 22 Maiden Name OF MOTHER OF MOTHER	(Signed) Herbert Bales M. D. (Signed) Herbert Bales M. D. (Address) Millington M.d. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL TAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant). In Cy a Helly	Where was disease contracted, if not at piace of death?
(Address) Milly ton Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7-28-191
Filed 127/14, 191 Julian Onn	20 UNDERTAKER ADDRESS ADDRESS Mullinghi
If more blanks ars needed, address State Regis trar, 6	E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exoma. Sarcoma. etc., of ______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for malig-"Contributory." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulzions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3



should is OCCUPATION PHYSICIANS RECORD ERMANENT EXACTLY properly AGE INKsupplied. Pe UNFADING may certificate. that It carefully 0 0 pe terms, on back pinoda plain instructions Information = of Inform DEATH WRITE P Item mportant. CAUSE

15

0

Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, WH 3 SEX 4 COLOR OR RACE 5 SINGLE. WIDOWED. (Mowth Y Write the word) CERTIFY. That I attended deceased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, st. 1 day,....hrs. The CAUSE OF DEATH * was as lollows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) **Gontributory** BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs, ____ Where was disease contracted. If not at place of death? Former or usual residence

DATE OF BURIAL 20 UNDERTAKER ADDRESS

lif death occurred in

a hospital or institution.

give its NAME Instead of street and number. 1

(Dav)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PUERPERAL septicharmus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus). may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malty oma. Surcoma. etc., of ture of the American Medicai Association.) Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can Never report Examples: For VIO



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

6940	
I PLACE OF DEATH	
K & STAN	NDARD DEATH CERTIFICATE
County	DELAWARE
Hundred	Registered No.
Village Mall Ausofuo	(If death occured in a hospital or Institution, give its NAME instead of street
Vity No.	St.,Ward
2 FULL NAME alyandry Wright	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mul. Poland Married, Murura	Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
Mukmown 1.856.7	fall 1 , 1914 , to fall 7 () , 1914,
(Month) (Day) (Year) 7 AGE / If less than	that I last saw h. Lu alive on July , 191 4
1 day, hrs.	and that death occured, on the date stated above, at 3m.
s OCCUPATION .0 .0	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Laborov particular kind of work	
(b) General nature of industry,	Muly 07580SL 1 JAMES -
business, or establishment in which employed (or employer).	
9 BIRTHPLACE (State or country) Lucynown	(Duration) yrs. mos. ds.
10 NAME OF PATHER PUR RANGE	Contributory Secondary
11 BIRTHPLACE	Duration) yrs, mos. ds,
OF FATHER (State or country) Multiwar 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME ()	, 191 (Address)
of MOTHER Ruguewn	* State the Disease Causing Death, or, in deaths from Violent, Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 BIRTHPLACE OF MOTHER JULIAN OUT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	At place In the of death yrs
	Where was disease contracted, If not at place of death?
(Informant)	Former or
(Address)	usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 1 P. 11.4	Chenels, July 20, 19164.
Filed, July 20 in, 191 1 Harry Triffeth	20 UNOERTAKER ADDRESS
4	Also Phins
	114000
	Townser.
	del

1



STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Cens s and American Public Health Association

specifically the occupations of persons engaged in domeswork, or At home, and children, not gainfully employed, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," the latter statement; it should be used only when needed. industry, and therefore au additional line is provided for industrial employments, it is necessary to know (a) the sufficient, e. g., occupations a single word or term on the first line will be each and every per on, irrespective of age. is very important, so that the relative healthfulness of persons who have no occupation whatever, write None. may be indicated thus. Farmer (retired, 6 yrs.). For ginning of illness. If retired from business, that fact of the DISEASE CAUSING DEATH, state occupation at beas Alschool or Alhome. Care should be taken to report household only (not paid Housekeepers who receive a Women at home, who are engaged in the duties of the "Dealer," etc.; without more precise specification, as material worked on mayform part of the second statement (b) Grocery; (a) Foreman, (b) Automobile factory. The As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, kind of work and also (b) the nature of the business or Stationary fireman, etc. But in many cases, especially in itor, Architect, Locomotive engineer, various pursuits can be known. If the occupation has been changed or given up on account tic service for wages, as Servant, Cook, Housemaid, etc. Day laborer, Farm laborer, Laborer-Coal mine, etc. Statement of occupation. - Precise statement of occupation F. mer or Planter, Physician, Compos-The question applies to Civil engineer, For many

is indefinite); Tuberculosis of lungs, meninges, peritonningitis"); Diphtheria (avoid use of "Croup"); time and causation), using always the same accepted term CAUSING DEATH (the primary affection with respect to symptoms or terminal couditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. for malignant neoplasms); Measles; Whooping cough: origin; "Cancer" is less definite; avoid use of "Tumor" aeum, etc., Carcinoma, Sarcoma, etc., of.... monia; Bronchopneumonia ("Pneumonia," unqualified, fever (never report "Typhoid pneumonia"); Lobar pneuonly definite synonym is "Epidemic cerebrospinal mefor the same disease. Examples: Cerebrospinal fever (the "Auaemia" Example: Measles (disease causing death), 29 ds.; Bron-Chronic valvular heart disease; Chronic interstitial ne-Statement of cause of death.-Name, first, the DISHASE The contributory (secondary or intercur-(merely symptomatic), "Artophy," "Col-

> state MEANS OF INJURY and qualify as ACCIDENTAL, SUIsurgical operation was undertaken. For VIOLENT DEATH childbirth or miscarriage as "PUERPERAL Septichaemia," ital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart consequences (e. g., sepsis tenanus) may be stated under failure," "Haemorrhage," "Inanition," "Marasmus," lapse," "Coma," "Convulsions," "Debility" ("Congeu-Nomenclature of the American Medical Association.) the head of "Contributory." (Recommendations on cide. The nature of the injury, as fracture of skull, and head-homicide; Poisoned by carbolic acid-probably sui-Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; CIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which when a definite disease can be ascertained as the 'Old age," "Shock," "Uraemia," "Weakness," etc., statement of cause of death approved by Committee on Always qualify all diseases resulting

Norm—"(Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus."
But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

STATE BOARD OF HEALTH OF DELAWARE APPROVED NOV. 11, 1909.

BUNG 8 1914 MG3 1914

PLACE OF DEATH 5941	STATE OF MARYLAND CERTIFICATE OF DEATH
County Of 1	Registration Dist. No. 202
Village or City New Lown (No. 16	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTAFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCE WORD (Write the word)	16 DATE OF DEATH (Mosth) (Day (Year) 17) 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Oct. 3/ 19/3 (Month) (Day Year)	that I last saw h 1 alive on 1 19 19 19 19 19 19 19 19 19 19 19 19 1
7 AGE 8 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	Colors Infection
(b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration) yrs mos. ds.
State or country) Levelo. Md	Secondary (Duration) yrs ds. ds.
FATHER William Wright.	(Signed) Jane (Address) Checkerland
11 BIRTHPLACE OF FATHER (State or country) / Cerry Os Mud 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) / Clear & My	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not af place of death? Former or Usual residence.
(Address) Worlow 2 mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOTTON Four Reuf Co Mey 25, 1914
Filed Flanks are needed, address State Regis	has I would lokestertown

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origin; "Cancause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlop," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "Exhaustion," Never report

